HCFA-PM-91-4 (BPD)

AUGUST 1991

ATTACHMENT 2.2-A

Page 20

QMB NO.: 0938-

	State <u>:</u>	ILLIN	OIS
Agency*	Citation(s)		Groups Covered
ILLINOIS OF HUMAN	DEPARTMENT SERVICES		onal Groups Other Than the Medically Needy tinued)
	e)(3) ne Act	13.	Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.
			Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.
(A) (i and 1	(a) (10) (i) (IX) (902(1) (e) Act	X 14.	The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:
		a.	Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
		b.	Infants under one year of age.

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1 No.	97-14	Approval	Date	AUG 3 0 1999	Effective	Date	7-1-97

Supersedes

TN No. 91-31

(ATT. 2.2-A, Page 17 ATT. 2.2-A, Page 17a) HCFA ID: 7983E

HCFA-PM-91-4 (BPD)

AUGUST 1991

ATTACHMENT 2.2-A

Page 21

QMB NO.: 0938-

	State <u>:</u>	ILLINOIS	
Agency*	Citation(s)	Groups Covered	
	DEPARTMENT SERVICES	B. Optional Groups Other Than the Medically Needy (Continued)	
	(A)	The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in <a href="Supplement 1 of ATTACHMENT 2.6-A">Supplement 1 of ATTACHMENT 2.6-A</a> for a family of the same size.  Children who are born after September 30, 1983 and have attained 6 years of age but have not attained.  1 7 years of age; or  1 8 years of age.	who

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TN No.	<u>97-14</u>	Approval Date .		Effective Dat	e <u>/-1-9/</u>

Supersedes
TN No. 91-31

HCFA-PM-91-4 (BPD)

AUGUST 1991

ATTACHMENT 2.2-A

Page 22

QMB NO.: 0938-

	State <u>:</u>		ILLINOIS
Agency*	Citation(s	)	Groups Covered
ILLINOIS OF HUMAN	DEPARTMENT SERVICES	В.	Optional Groups Other Than the Medically Needy (Continued)
1902 ( (ii) (	-		16. Individuals
and 1 (1) a	.902(m) and (3) he Act		a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
			b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> for a family of the same size;

and

c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in <u>ATTACHMENT 2.6-A</u>.

N No. 97-14 Approval Date AUG 3 0 1999 Effective Date 7-1-97

Supersedes
TN No. 91-31
(ATT. 2.2-A,
Page 17b)

HCFA ID: 7983E

Revision: HCFA-PM-92-1

FEBRUARY 1992

ATTACHMENT 2.2-A Page 23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Stat	e: <u>I</u>	LLIN	OIS			
	COVERAGE	AND	CONDITIONS	OF	ELIGIBILITY	

COVERAGE AND CONDITIONS OF ELIGIBILITY

<u>x</u> 17.

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B. Optional Groups Other Than the Medically Needy (Continued)

Groups Covered

1902(a)(47) and 1920 of the Act

Citation(s)

Pregnant women who are determined by a "qualified provider" (as defined in \$1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with \$1920 of the Act.

TN No. 92-18
Supersedes Approval Date 6-5-92 Effective Date 1-1-92
TN No. 91-31

Revision: HCFA-PM-91-8

October 1991

(MB)

ATTACHMENT 2.2-A

Page 23a OMB NO.:

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Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1906 of the Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of one months.

1902(a)(10)(F) and 1902(u)(1) of the Act 19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid extenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 94-8
Supercedes Approval Date 8/11/95 Effective Date 3-1-94
TN No. -- HCFA ID: 7982E

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IL	LINOIS
COVERAG	E AND CONDITIONS OF ELIGIBILITY
Citation(s)	Groups Covered
	B. Optional Coverage Other Than the Medically Needy (Continued)
1902 (a) (10) (A)	19. Optional Targeted Low Income Children who:
(ii) (XIV) of the Act	<ul> <li>a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddow liability);</li> </ul>
	b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in §1902(1)(2)(D));
	c. are not covered under a group health plan or other group health insurance (as such terms are defined in \$2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receive no Federal funds for the program;
	d. have family income at or below:
	200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or
	A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in \$2110(b)(4) of the Act) but by no more than 50 percentage points.
	The State covers:
	All children described above who are under age 19 (18, 19) with family income at or below 133 percent of the Federal poverty level.
	And the second s

Approval Date FEB 25 1999

Effective Date 12-1-98

TN No. 98-19 Supersedes TN No. New

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	St	ate:	ILLINOIS
	COVERAG	E AND	CONDITIONS OF ELIGIBILITY
Citation(s)			Groups Covered
	В.		onal Coverage Other Than the Medically Needy
			The following reasonable classifications of children described above who are under are (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:
			(ADD NARRATIVE DESCRIPTIONS (S) OF THE REASONABLE CLASSIFICATION (S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH FOR EACH CLASSIFICATION.)
1902(e)(12) of the Act	<u>x</u>	20.	a child under age 19 (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of 12 Months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

FEB 11'99 Page 23o

-16:16 No.002 P.02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	LLLINOIS	
COVE	RAGE AND CONDITIONS OF ELIGIBILITY	
Citation(s)	Groups Covered	

B. Optional Coverage Other Than the Modically Needy (Continued)

1902A of the Act

X 21. Children under age 19 who are determined by a "qualified entity" (as defined in \$1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the determination of presumptive eligibility was made, the presumptive period ends on that last day.



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AUGUST 1991

ATTACHMENT 2.2-A Page 24

QMB NO.: 0938-

	State:	ILLINOIS	
gency*	Citation(s)		Groups Covered
	DEPARTMENT SERVICES	c. <u>or</u>	otional Coverage of the Medically Needy
42 CF	TR 435.301	I	resources, would be eligible as categorically
1902 ( Act	(e) of the	2.	needy under title XIX of the Act.  Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.
(C) (i	(a)(10) .i)(I) ne Act	3.	Individuals under age 18 who, but for income And/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

Approval Date AUG 3 0 1999 N No. <u>97-14</u> 

HCFA-PM-91-4 (BPD)

AUGUST 1991

ATTACHMENT 2.2-A

Page 25

QMB NO.: 0938-

	State:	ILLINOIS	
Ayency*	Citation(s)	Groups Covered	
ILLINOIS I OF HUMAN S		C. Optional Coverage of the Medically Needy (Continu	ued)
1902(e the Ad	e)(4) of	4. Newborn children born on or after October 1, 1984 to a woman who is eligible a medically needy and is receiving Medicaid or date of the child's birth. The child is dee to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of woman's household.	n the emed
42 CFF	R 435.308	5.	above
		X b. Reasonable classifications of financially eligible individuals uthe ages of 21, 20, 19, or 18 as specified below:	ınder
		(1) Individuals for whom public agencies are assuming full or partial financial responsibil and who are:	
		(a) In foster homes (and are under the age of).	:
		(b) In private institutions are under the age of	
No9	97-14 A	proval Date AUG 3 0 1999 Effective Date 7-1-97	·-

Supersedes
TN No. 91-31
( ATT. 2.2-A,
Page 18)

HCFA ID: 7983E